

December 16, 2005

Chief, Policy and Compliance Division

Transmittal # 89 CHAMPVA Policy Manual

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**PUBLICATIONS AND TRANSMITTAL CHANGE
FOR THE CHAMPVA PM (POLICY MANUAL)**

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

MTOC (Master Table of Contents).

- Amends the MTOC by adding title change for Chapter 2, Section 30.11, *PUVA (Phototherapy And Photochemotherapy)* to read *PDT (Photodynamic Therapy) And PUVA (Photochemotherapy)*.

Chapter 2, Section 4.1, CARDIOVASCULAR SYSTEM.

- Under Effective Dates adds March 17, 2005, for PTA (Percutaneous Transluminal Angioplasty) of the carotid artery concurrent with placement of FDA (Food and Drug Administration) approved carotid stent.
- Under Policy Considerations adds coverage criteria for PTA of the carotid artery concurrent with the placement of an FDA approved carotid stent with embolic protection for patients at high risk for CEA (Carotid Endarterectomy) and who also have symptomatic CAS (Carotid Artery Stenosis).
- Under Exclusions removes reference to PTA in the treatment of obstructive lesions of the carotid arteries.

Chapter 2, Section 8.3, NEONATAL AND PEDIATRIC CRITICAL CARE SERVICES.

- Amends Procedure Codes.
- Under Policy clarifies that neonatal and pediatric critical care services are covered; adds that heavy duty hospital-grade electric breast pumps (E0604) including services and supplies are covered for the mother of a premature infant while the premature infant remains hospitalized during the immediate post-partum period and after the infant is discharged from the hospital. The physician must document the medical reason for continued use of the electrical pump. This documentation is also required for those premature infants who are delivered in a non-hospital setting.

- Adds Exclusions that electric breast pumps are specifically excluded for reasons of personal convenience, such as to facilitate a mother's return to work, even if prescribed by a physician; and manual breast pumps, any type, and basic electric pumps, AC and/or DC, any type.

Chapter 2, Section 15.9, OUTPATIENT OBSERVATION STAYS.

- Amends Procedure Codes.
- Under Policy clarifies that outpatient observation stays are covered when provided in an emergency setting and when certain conditions are met for patients with diagnosis, such as chest pain, asthma, or congestive heart failure.

Chapter 2, Section 16.1, ALLERGY TESTING AND TREATMENT.

- Under Policy Considerations further clarifies that RAST (Radio Allergosorbent Test), FAST (Fluro Allergosorbent Test), and IPA (Immunoperoxidase Assay Test) are covered when medically necessary and adds examples of those covered conditions for which RAST, FAST, and IPA may be used; removes language regarding testing of patients that are 6-months or younger and testing as an adjunct to history; physical examination for the diagnosis of allergenic diseases; and planning of immunology in individuals with contraindications to skin testing.

Chapter 2, Section 17.3, ELECTRIC POWERED, CART-TYPE VEHICLES.

- Under Policy adds that benefits will not be extended for the use of both an electric-powered, cart-type vehicle and an electric wheelchair during the same period, which was previously listed under Policy Considerations, and that preauthorization is required.
- Under Policy Considerations clarifies that a physician must make the determination that a patient cannot use a standard wheelchair.

Chapter 2, Section 22.1, PHARMACY.

- Amends Related Authority.
- Under Exclusions removes Mycophenolate Mofetil (Cellcept®) for the prophylaxis of organ rejection in patients receiving heart transplantation or liver transplantation.

Chapter 2, Section 26.12, THERAPUETIC EMBOLIZATION.

- Under Exclusions removes UAE (Uterine Artery Embolization) for the treatment of fibroids in women who wish to retain childbearing capacity, as this procedure is covered under Chapter 2, Section 35.1, Female Genital System.

Chapter 2, Section 29.15, SURGERY FOR MORBID OBESITY.

- Amends Procedure Codes.
- Under Description clarifies BMI (Body Mass Index) is calculated using the following formula: $(\text{Weight} \times 705) / \text{Height}^2$.
- Under Policy clarifies adjustable silicone gastric banding (CPT 43843) using the FDA approved LAP-BAND® Adjustable Gastric Banding (open or laparoscopic procedure); for severely obese adult patients who have failed more conservative weight-reduction alternatives, such as supervised studies, exercise, and behavior modification programs. The LAP-BAND system is contraindicated in patients with any of the medical conditions listed under Policy Considerations, as well as patients under 18 years of age, removes gastric restrictive procedure, with gastric bypass for morbid obesity; with small bowel reconstruction to limit absorption (43847), and partial biliopancreatic bypass (with or without duodenal switch) (CPT 43999), and clarifies that surgery benefits may be extended for patients with a BMI over 40, and BMI over 35 with a serious medical condition associated with obesity, such as hypertension, Type II Diabetes Mellitus, severe arthritis of weight bearing joints.
- Under Exclusions clarifies the non-coverage of biliopancreatic bypass (jejunioileal bypass, the Scopinaro procedure CPT 43847); gastric balloon or bubble for treatment of morbid obesity, and adds gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption (CPT 43847), and partial biliopancreatic bypass (with or without duodenal switch) (CPT 43999).

Chapter 2, Section 30.11, PDT (PHOTODYNAMIC THERAPY) AND PUVA (PHOTOCHEMOTHERAPY).

- Changes Policy title of Chapter 2, Section 30.11, PUVA (Phototherapy and Photochemotherapy) to read PDT (Photodynamic Therapy) and PUVA (Photochemotherapy).
- Under Policy adds examples of treatment coverage using PDT and PUVA and that one office visit per month billed in conjunction with PDT or PUVA treatment may be allowed. More frequent office visits billed in conjunction with these treatments should be denied unless supporting medical documentation justifies medical necessity.

Chapter 3, Section 10.1, ANESTHESIA.

- Amends Authority and Related Authority.
- Under Policy removes reference to a CRNA as an independent individual professional provider and is not employed by an institution, physician anesthesiology group, or individual practitioner, and revises reference to read CRNA's who are employee's of an institution, physician anesthesiology group or individual physician, will be only reimbursed when billed by that employing institution, physician anesthesiology group, or individual physician.

Code Index. Amends index to add and delete codes referenced in this transmittal.

Subject Index. Amends index to add and delete codes referenced in this transmittal.

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